EX	ECUTIVE I	OBBYING EXP.	ENDIT	URE R	EPORT			in i		
COVERING JANUARY 1 - JUNE 30,			25 40 50 50 50 50	2012 VEDERAGE SESENSEDE			FOR OFFICE USE ONLY Practinark Date 2 (12) 04			
OR	the Board of Ethi (225)763-8787 or	ics, 2415 Queil Dr., 3rd I r (225)763-8780	loor, Bator	n Rouge, L	1,70808			ľ	FELL	
1. 1	Name Fitzgera	ald	Rick	c a	32.W	T.		.	3071011	
	fast Business Address:_	3414 Peachtree Street and No.		Atlanta Gity		GA State	30326 Zip	- V-1. N		
	73e 124	o Kenneth Olson, G	olaman, S	асля & С	0., 85 Br	oad Str	eet, New	YORK, N	11 10004	
3. 1	Business Phone <u>(</u>	212) 902-1000 Area Code and Te	lephone No.	mber	18				7	
4. 3		ve lobbying expenditures res from Schedules A and B)		icy 1 throug	h June 30:	\$ [0.00			
5.		ve lobbying expenditures (Include expenditures from			ecember 3	1; \$ <u></u> [0.00			
6, '		ve lobbying expenditures e 5 shruld equal Line 6)	made durio	ig catendar	year:	\$ <u></u>	0.00			
7. 1	Did you make an e	apenditure exceeding \$50	on one occ	esion for a	ı executiv e	branch o	official:			
	From January 1 to From July 1 throu		Yes Yes		No No	X	NA			
	If the answer to ei	ther question in Number	7 above is T	ÆS, comple	te Schedul	e A and a	attach.			
B. 1	Did you make expe	aditures exceeding the su	ım o€ \$250 I	for an exect	itive branc	h official	<u> </u>			
	From January 1 thr From July 1 throug		Yes Yes				NA			
1	If the answer to elt	her question in Number 8	sbove is Y	ES, comple	te Schedule	A and a	trach.			
		nds for any reception, soc ed during this reporting p		g, or other	function to	which z	nore than t	wenty-fir	e executive branch	
		Yen		N	• X					
j	If the answer to Number 9 above is YES, complete Schedule B and attach.						Missing numbered pages were blank and had no information			
	Form 507, Nov.	7/04		Page 1 of	3_	hla	nk and		lo mo	

2)	Name of Department and Individual Agency:	fa-	_
	b. Total of all expenditures made January 1 through June 30:	\$	
	e. Total of all expenditures made July 1 through December 31: (When applicable)	\$	
	d. Total of all expenditures made during the calendar year:	s .	
3)	a. Name of Department and Individual Agency:		
	b. Total of all expenditures made January 1 through June 30:	<u>s</u>	
	 c. Total of all expenditures made fuly 1 through December 31: (When applicable) 	5	
	d. Total of all expenditures made during the calendar year:	s	

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Rich Titagerall
Signature of Lobbyist